

# The Right Place at the Right Time

Lessons from a  
National Scan of  
How States Fund &  
Coordinate  
Home Visiting  
Programs



First 5 California Child Health, Education, & Care Summit – November 2016

PRO-KID 

Welcome!

# The Right Place at the Right Time: Lessons from a National Scan of How States Fund & Coordinate Home Visiting Programs



The California Context



Findings from the National Scan



Connecting the Dots



Charting the Course

# The California Context



Of the **500,000** babies born in California last year:

Nearly **2 in 3** born to low-income mothers

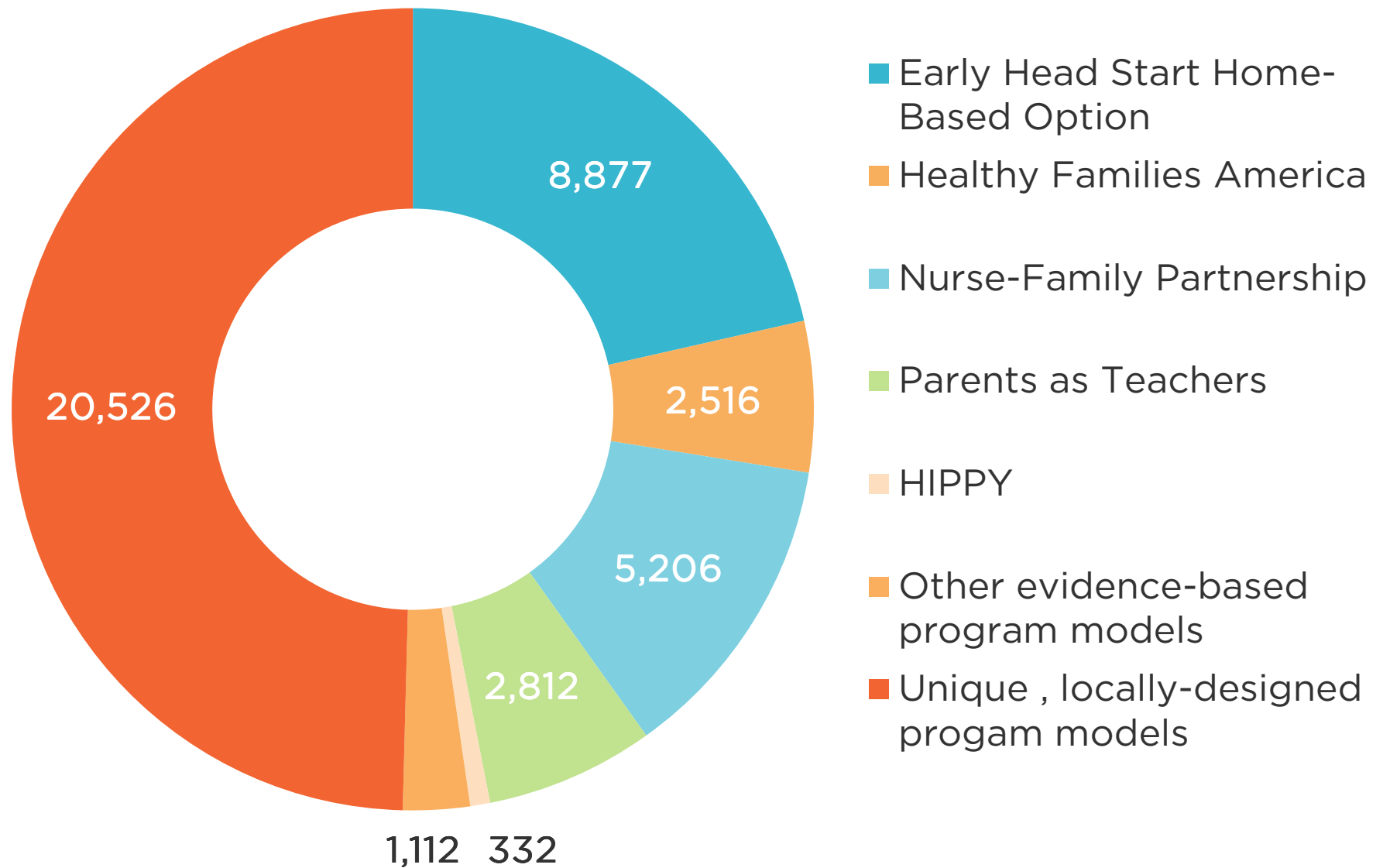
**2 in 5** born into a high-poverty neighborhood

**1 in 11** born pre-term

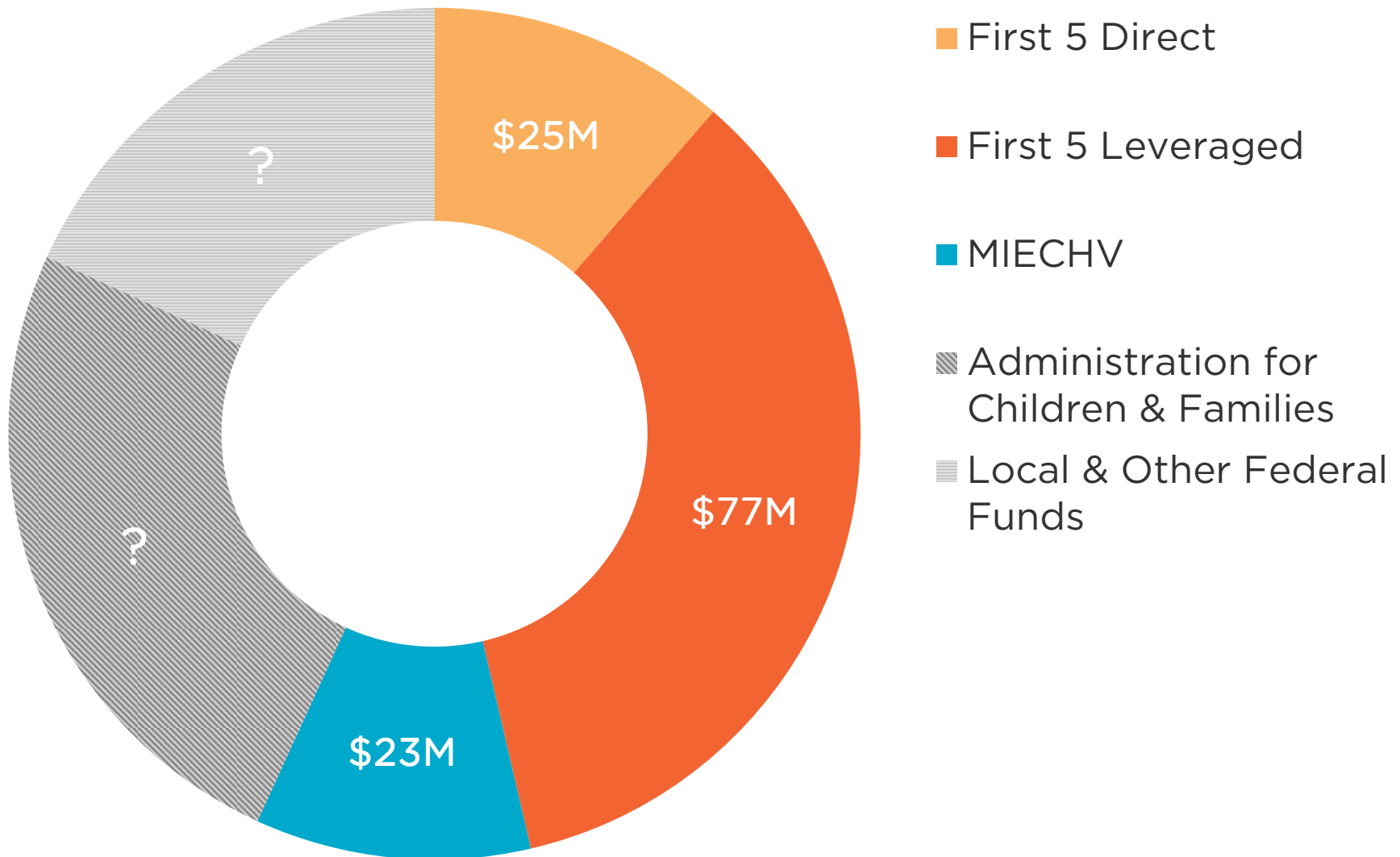
**1 in 7** mothers experienced prolonged depression during pregnancy

**1 in 4** mothers report 2+ hardships in their own childhood

# The CA Home Visiting Landscape



# The CA Home Visiting Landscape



# Current Challenges



Unstable, fragmented funding



Absence of state policy



Minimal state-to-local infrastructure



Patchwork of programs

Why a national scan?



# Findings

Maternal, Infant & Early  
Childhood Home Visiting  
Grants

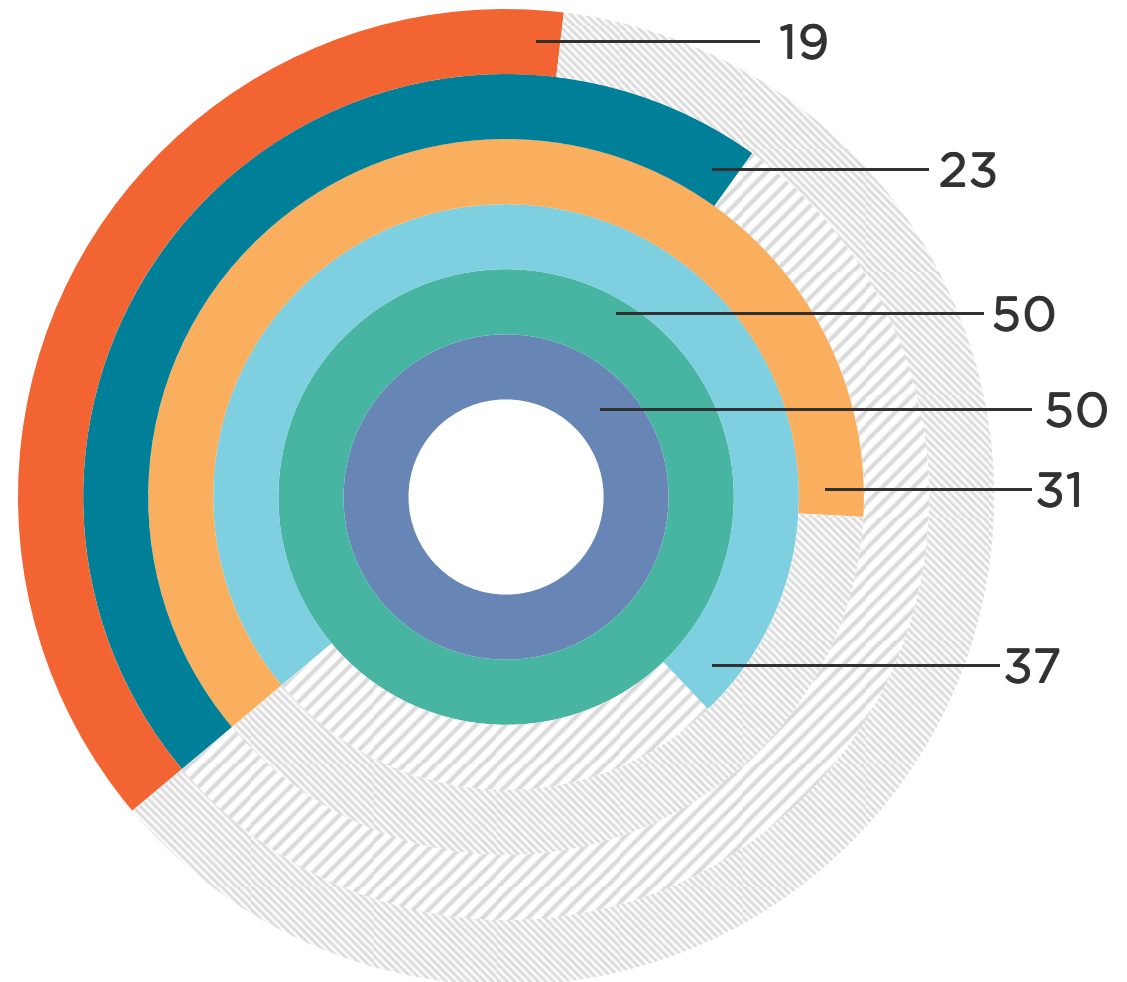
Early Head Start Home-  
Based Option

Temporary Assistance for  
Needy Families (TANF)

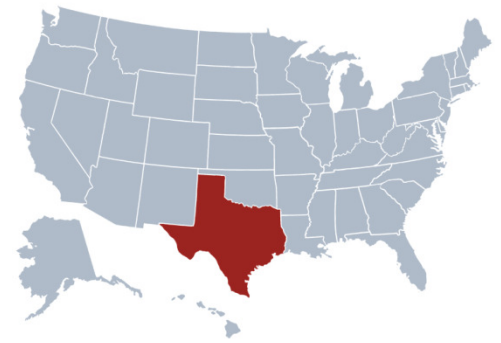
Medicaid

Other Federal Funds

General & Appropriated  
State Funds

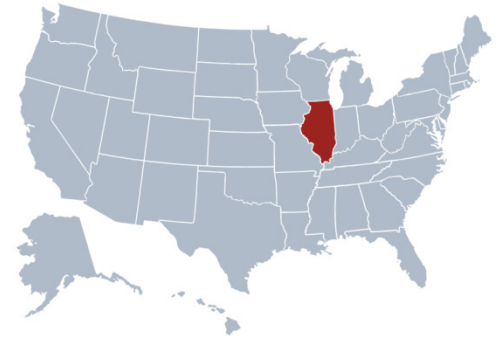


# Texas



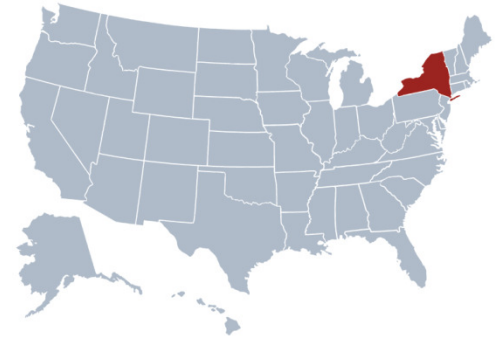
- 19,000 families annually
  - More than ten evidence-based home visiting models
  - Ten-year strategic plan to serve at least half of the estimated 183,000 highest need children and families
- \$69.1M total funding: 54% federal; 31% private/corporate; 15% state and local
- 2007: bipartisan-supported legislation
  - Unified diverse home visiting programs under a common outcome framework
  - Reinvested \$4.3 million in criminal justice system savings
  - Established Texas Home Visiting Trust Fund

# Illinois



- 17,000 families annually
  - 300 sites statewide: three primary evidence-based, nationally recognized program models; diverse portfolio of other programs
  - Serving 10% of eligible children & families
- \$50M total funding
  - Illinois State Board of Education & Department of Human Services: General Fund & Early Childhood Block Grant
  - Healthy Families Illinois: \$10M General Fund
- Federal funding only 10% of total investment

# New York



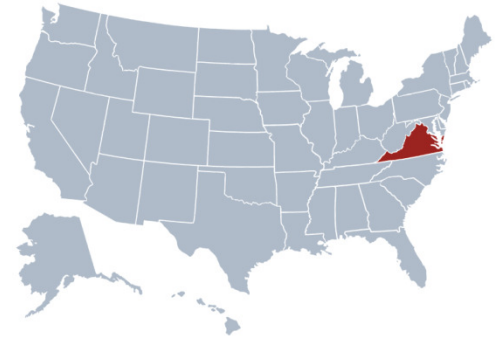
- ~15,000 families annually
  - Five evidence-based, nationally recognized program models
- Organized around four large goals:
  - Support parent child attachment and relationships
  - Promote optimal child and family health, development and safety
  - Enhance parental self-sufficiency
  - Prevent child abuse and neglect
- State funding
  - Healthy Families New York: \$23M annual state appropriations; 10% local match
  - \$2M TANF for Nurse-Family Partnership
  - 2015 Waiver allowing Medicaid Targeted Case Management for Nurse-Family Partnership

# Florida



- 9,400 families annually
  - Three evidence-based, nationally recognized program models
- State funding
  - Healthy Families Florida – \$18M General Revenue Fund & \$7.8M Welfare Transition Trust Fund
  - \$3.9M for HIPPY – \$1.4M Welfare Transition Trust Fund and \$2.5M Child Care and Development Block Grant Trust Fund
  - \$500K for Nurse-Family Partnership – General Revenue Fund
- Currently preparing for 10% across-the-board budget cuts

# Virginia



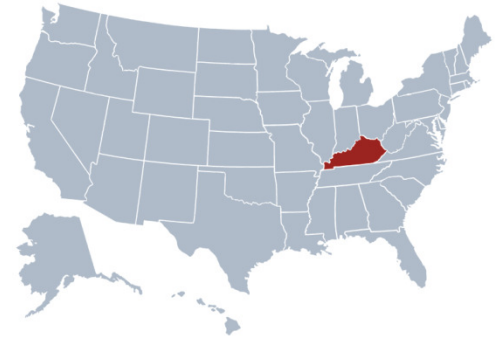
- 13,000 families annually
  - Four evidence-based, nationally recognized program models and multiple state-specific program models
  - CHIP of Virginia
- \$18M total funding
  - Significant TANF funding
    - More than doubled in 2016 (\$6M -> \$11M)
  - \$8M via CHIP: 40% federal/state/local govt.; 23% General Fund; remainder is private, MCO reimbursements and individual donations
- State Home Visiting Consortium
  - Technical Assistance & Quality; Resource Development; Collaboration; Research

# Michigan



- 25,000 families annually
  - Five evidence-based, nationally recognized home visiting models
  - State-designed Maternal Infant Health Program
- \$33.3M total funding: 46% Medicaid, 37% State, 15% MIECHV, 1% Private
  - Direct appropriations for Nurse-Family Partnership & Early Head Start
  - CAPTA-funded Community-Based Child Abuse Prevention Program, state general funds, and private dollars via a \$5 million annual Children's Trust Fund
- 2012 Legislation
  - Set evidence-based standards for programs
  - Articulated performance indicators and progress reporting mechanisms

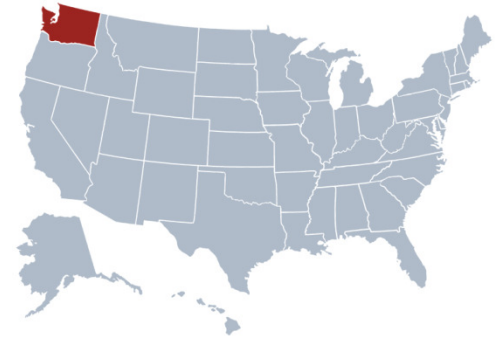
# Kentucky



- 10,000 families annually
  - State-created Health Access Nurturing Development Services (HANDS)
- \$22M total funding
  - HANDS written into State Medicaid Plan
  - Two thirds of funds are federal Medicaid match
  - \$7M ongoing General Fund Investment
  - Tobacco Master Settlement dollars key to growth
  - MIECHV funding used to expand HANDS beyond first-time parents
- Demonstrated reductions in Preterm births, Emergency Room use, Child Abuse/Neglect, & Infant Mortality

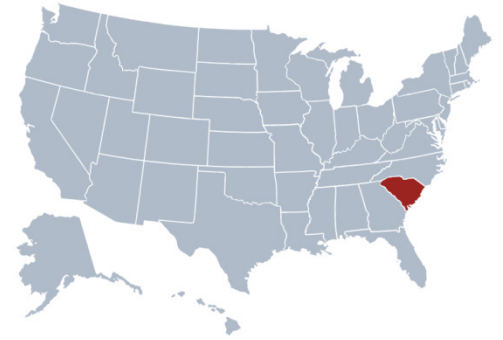


# Washington



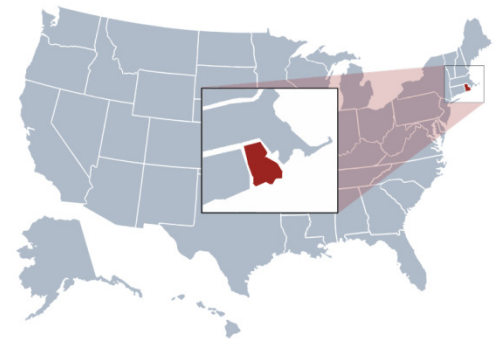
- ~12,000 families annually
  - Four evidence-based program models as well as multiple promising program models
  - State-created First Steps program
- Home Visiting Services Account (HVSA): \$17.8M
  - 71% federal funds, 18% private funding, 11% state dollars
  - Created in 2010, Administered through the state Department of Early Learning in partnership with Thrive by Five
  - State-to-local mechanism to deliver, fund, and coordinate home visiting
  - Funds program evaluation and training and technical assistance
    - Matches state and federal investments with private

# South Carolina



- ~3,700 families annually
  - Seven evidence-based nationally recognized program models
- SC First Steps to School Readiness
  - \$1.8M Department of Education for Parents as Teachers
- 2016: Landmark Pay for Success project
  - \$30M investment
  - \$17M committed by philanthropic funders
  - \$13 million via a 1915(b) Medicaid Waiver awarded to the South Carolina Department of Health and Human Services
  - Nearly tripling Nurse-Family Partnership in the state

# Rhode Island



- 5,000 families annually
  - Four evidence-based nationally recognized program models
  - First Connections is largest program
- 2016: Rhode Island Family Home Visiting Act
  - Department of Health to work with Departments of Human Services and Children, Youth, and Families
  - Standards to identify and enroll most vulnerable families
  - Standards and accountability for high quality home visiting
  - Annual reports
- Most current funding through MIECHV (\$10M) but legislation sets the stage for budget asks in the future

# Lessons



Leveraging & Layering Diverse Funding



Capitalizing on Medicaid & TANF intersections



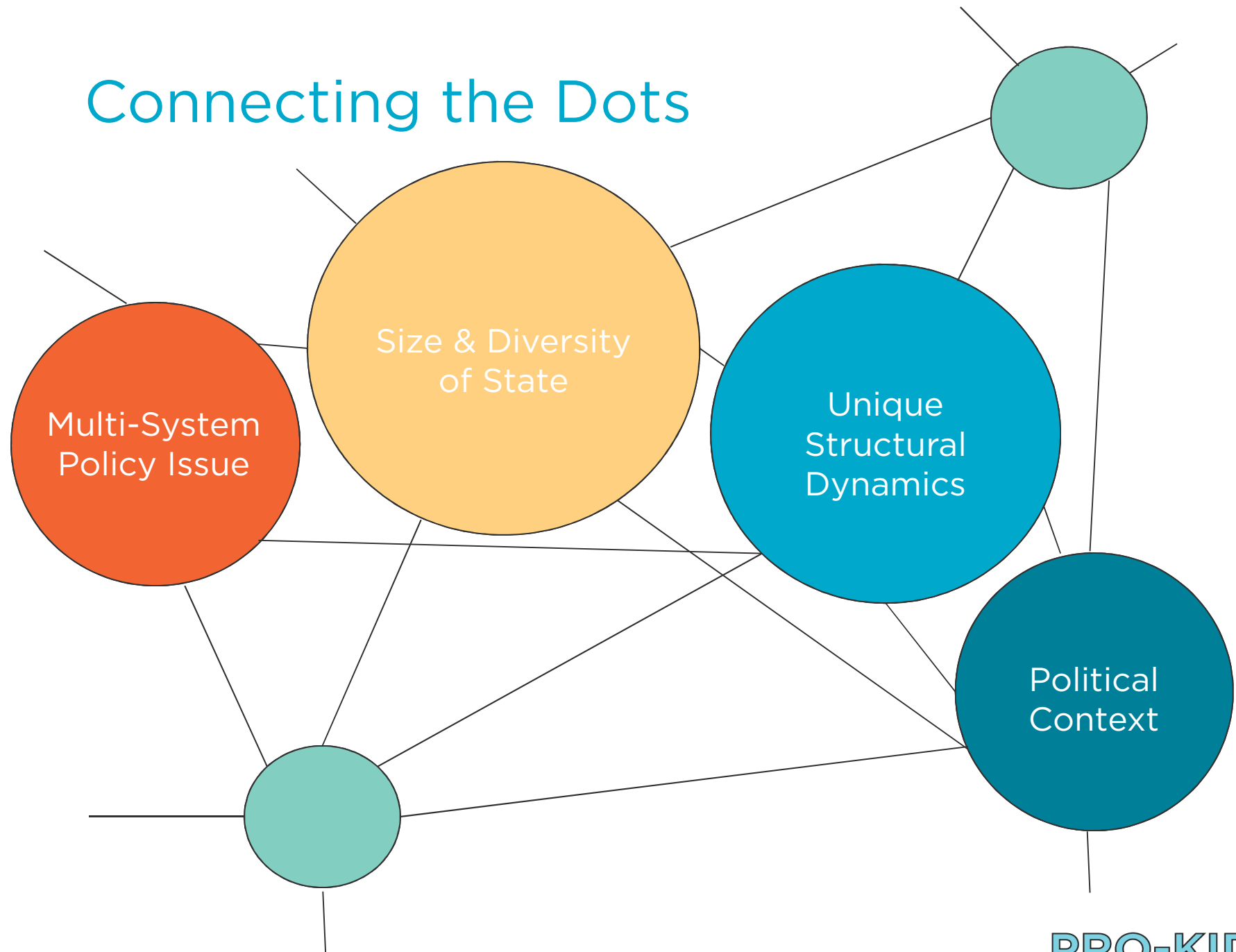
Codified Program Standards



Home Visiting is a Means to a Bigger End

Reactions?

# Connecting the Dots



# Charting the Course

Invisible Issue

Make home visiting simple to understand

Size & Need

Focus on strategically scaling up for key populations

Multi-System Issue

Start at square one: funding

State-to-Local Dynamics

Be clear on distinct roles & goals

# Get involved!

- Inform & Influence:

Sign up for Children Now's Home Visiting List

- Act on Current Opportunities:

Get involved around MIECHV reauthorization

- Speak up on children's issues broadly:

Join the Children's Movement of California



## Be an Advocate for Home Visiting

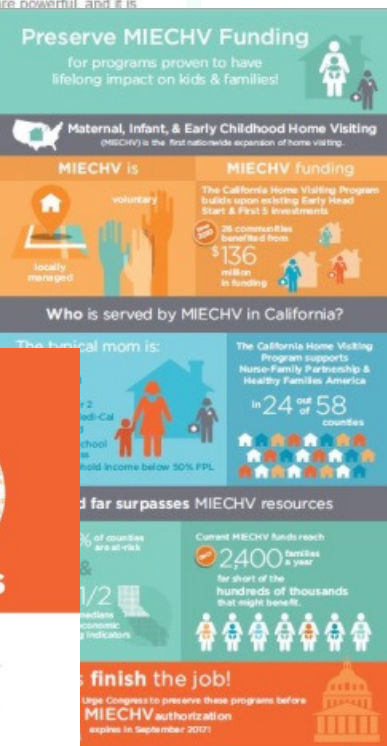
As a professional in the field, you understand the importance of home visiting for children and families. Most elected officials do not. One of the biggest hurdles we face in securing adequate funding for home visiting is that policymakers often know very little about what home visiting programs do and the families they serve.



Be an advocate for home visiting. The stories you can share about your experience working with parents and children are powerful, and it is critical that policymakers hear from you.

Now is the time. Congress and the California Legislature are in policymakers are home in their districts. Here are a few ways you understand home visiting:

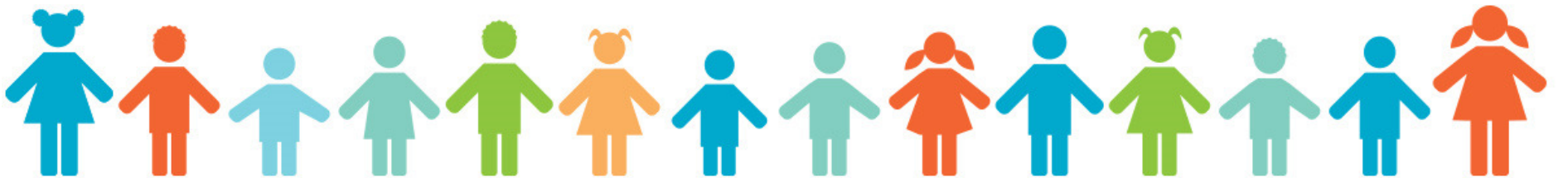
- Request a meeting with legislators at their local offices if they are not available. Tell them about your program and why it is important.
- Invite legislators to tour a program site, attend a home event at your organization.



A red banner with white text. It says 'PRO-KID' with a small orange icon. Below it, 'HELP US REACH 2000 ORGANIZATION MEMBERS'. The number '2000' is large and stylized, with small text inside each zero listing various organizations like 'ALPACAL', 'CALIFORNIA', 'CHILDREN', 'COMMUNITY', 'EDUCATION', 'FAMILY', 'HEALTH', 'HOUSING', 'INDEPENDENT', 'JUVENILE', 'LAW', 'MILITARY', 'NATIVE', 'NON-PROFIT', 'PACIFIC', 'PUBLIC', 'RESEARCH', 'SCHOOL', 'SOCIETY', 'SPORTS', 'THERAPY', 'TRADITIONAL', 'UNIVERSITY', 'VETERANS', 'WOMEN', 'YOUTH', etc. Below the banner, it says 'Do you know an organization that is Pro-Kid?' and 'Over 1,700 organizations are already members of The Children's Movement of California and we need your help to reach 2,000. Any organization or business that is Pro-Kid—wants children to be California's top priority—should join. Whether it's your child's preschool, a local non-profit you know or your own small business, every member lends strength to our goal of making kids #1.' At the bottom, a blue box says 'Sign up an organization you're affiliated with today to give kids a powerful, unified voice.'



# Questions?



# Thank you!

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